

# ICAMA FORM 7.5

## Information Exchange—Cases Opened with ICAMA 6.01

**EFFECTIVE DATE FOR ALL CHANGE(S) INDICATED BELOW**      -      -

**TODAY'S DATE: July 1, 2015**

To copy and paste addresses go to:

<http://aaicama.org/cms/index.php/icama-forms/icama-primary-contacts-full-information>

<b>FROM:</b>	<b>TO:</b>	
Include: Name, Agency, Mailing Address, Telephone Number, Fax Number and E-mail Address		
<b>Child's Legal Name</b>		<b>Basis for Medicaid Eligibility</b> <input type="checkbox"/> Title IV-E Adoption Assistance <input type="checkbox"/> Non title IV-E Adoption Assistance
<b>Legal SSN</b>		<input type="checkbox"/> Title IV-E GAP
<b>Birthdate</b>		
<b>NEW INFORMATION</b>		
Contact Information Change (include phone and/or email if available)		
<input type="checkbox"/>	Family move within residence state	New Address:
<input type="checkbox"/>	Child-only move within residence state	New Address:
		Reason:
<input type="checkbox"/>	Family move to new state	New Address:
<input type="checkbox"/>	Child-only move to new state	New Address:
		Reason:
<input type="checkbox"/>	Family new phone/email	New Phone/email:
<input type="checkbox"/>	Child-only new phone/email	New Phone/email:
<input type="checkbox"/>	Other Contact Information Change	
<b>Child's Eligibility for Assistance Ends</b>		
Medicaid case close		
<input type="checkbox"/>	Close Medicaid Case (Agreement State)	Reason:

<input type="checkbox"/>	Medicaid Case Closing (Residence State)	Reason:
Child's Eligibility for <b>title IV-E</b> Assistance Extended (AGREEMENT STATE ONLY)		
Eligibility for title IV-E extended by Agreement State ( <i>REQUIRED Documentation attached</i> )		
<input type="checkbox"/>	Title IV-E eligibility extended through (date)	Medicaid remains open for title IV-E eligible <i>*Under Federal law, Medicaid coverage is required for all title IV-E eligible children as long as an agreement remains in effect.</i> Cite: SSA sections 471, 473 and 1902, CW Policy Manual, Sect. 8.2B.8
Child's Eligibility for <b>NON-title IV-E</b> Adoption Assistance Extended (AGREEMENT STATE ONLY)		
Eligibility for NON-title IV-E Adoption Assistance extended by Agreement State ( <i>REQUIRED Documentation attached</i> )		
<input type="checkbox"/>	NON-title IV-E Adoption Assistance eligibility extended through (date)	Medicaid remains open for non-title IV-E eligible at the option of the Residence State <i>*Agreement State has determined that child is Medicaid eligible—has met all COBRA requirements including having special medical or rehabilitative needs.</i> Cite: §1902(a)(10)(A)(ii)(VIII) of the Act (SSA).
RESIDENCE STATE Response (please check only one)		
<input type="checkbox"/>	Medicaid remains open for <b>NON-title IV-E</b> adoption assistance eligible through (date)	
<input type="checkbox"/>	Medicaid case DOES NOT remain open in Residence State despite extension of eligibility by Agreement State Request for extension denied for <b>NON-title IV-E</b> adoption assistance eligible. Medicaid case will be closed (date)	
RESIDENCE STATE CONTACT	RESIDENCE STATE CONTACT	
	FROM:	Date: Name: Phone: Email:
Case Change Information		
<input type="checkbox"/>	Child entered Foster Care	Date:
<input type="checkbox"/>	Adoption/Guardianship Finalized	Date:
<input type="checkbox"/>	Adoption/Guardianship Dissolved	Date:
New SSN		
<input type="checkbox"/>	New Social Security Number	Please call this number
Other Information		

**DISTRIBUTION:**

Recipient state receives (1) (with documentation if required)

Reporting state retains (1)